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SERIAL NUMBER 10/612,683	FILING OR 371(c) DATE 07/01/2003 RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. 1000.023 CON
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APPLICANTS

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** CONTINUING DATA *****

JS This application is a CON of 09/346,396 07/01/1999 PAT 6,587,719

** FOREIGN APPLICATIONS *****

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 10/30/2003

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 1	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>JS</i> Examiner's Signature _____ Initials _____				

ADDRESS

41332

TITLE

Treatment of obesity by bilateral vagus nerve stimulation

FILING FEE RECEIVED 570	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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